

CLAIMS ONLY						Application Number <i>101840163</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<input type="checkbox"/>	Total Indep	<input type="checkbox"/>									
Total Depend	23						Total Depend					
Total Claims	24						Total Claims					